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CONFIRMATION NO. 4066

<b>SERIAL NUMBER</b> 10/694,247	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 55600-8003.US01
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## APPLICANTS

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*MF 04/16/07*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/029,890 12/21/2001 PAT 6,942,854 which is a CON of 08/616,904  
 03/15/1996 PAT 6,372,206  
 which is a CIP of 08/406,190 03/16/1995 PAT 5,906,816  
 and is a CIP of 08/438,753 05/10/1995 PAT 5,705,363

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3 /
Verified and Acknowledged	<i>MF</i> Examiner's Signature Initials		<i>MF</i>	5	

## ADDRESS

22918

*04/16/07*

*MF 04/10/07*

*MF 04/16/07*

## TITLE

ORALLY-ADMINISTERED INTERFERON-TAU COMPOSITIONS AND METHODS

*MF 01/16/07*

<b>FILING FEE RECEIVED</b> 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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